beneficial to the health of older people.[9] As suggested by the authors, families and communities can also make a difference to the health and wellbeing of older adults.[10] These findings support the view that an examination of single markers of inequality, without considering how these markers interact, act synergistically, or are situated within wider eco-social contexts, might not be able to identify some of the groups most susceptible to depression that need intervention. Taking an intersectional and contextualised approach to understanding inequalities might be challenging using traditional quantitative methods; however, methodological developments are increasingly being used to inform innovative approaches. The study by Richardson and colleagues offers inspiration for further research to investigate mechanisms for inequality differences across settings in detail, perhaps using mixed methods and cross-country comparative approaches.

JD is funded by the Health Foundation working together with the Academy of Medical Sciences, for a Clinician Scientist Fellowship, and by the Economic and Social Research Council in relation to the SEP-MD study (ES/S002715/1). JD is also partly supported by the Economic and Social Research Council Centre for Society and Mental Health at King's College London (ES/S012567/1). The funding sources had no role in the writing of the Comment or in the decision to submit it to publication. The views expressed are those of the authors and not necessarily those of the funders or King's College London.

*Jayati Das-Munshi, Rosie Mayston
jayati.das-munshi@kcl.ac.uk

Department of Psychological Medicine, Institute of Psychiatry, Psychology & Neurosciences (JD-M), ESRC Centre for Society and Mental Health (JD-M), and Department of Global Health and Social Medicine and King's Global Health Institute (RM), King's College London, London SE5 8AF, UK; and South London & Maudsley NHS Foundation Trust, London, UK (JD-M)

1 Richardson RA, et al. Socio-demographic inequalities in depression among older adults: evidence from 18 countries. *Lancet Psychiatry* 2020; **7:** 673–81.
2 Ploubidis GB, Grundy E. Later-life mental health in Europe: a country-level comparison. *J Gerontol B Psychol Sci Soc Sci* 2009; **64:** 666–76.
3 Lorant V, Deliège D, Eaton W, Robert A, Philippot P, Ansseau M. Socioeconomic inequalities in depression: a meta-analysis. *Am J Epidemiol* 2003; **157:** 98–112.
4 Courtin E, Knapp M, Grundy E, et al. Are different measures of depressive symptoms in old age comparable? An analysis of the CES-D and Euro-D scales in 13 countries. *Int J Methods Psychiatr Res* 2015; **24:** 287–304.
5 Zahodne LB, Kraal AZ, Zaheed A, et al. Longitudinal effects of race, ethnicity, and psychosocial disadvantage on systemic inflammation. *SSM Popul Health* 2019; **7:** 100391.
6 Patel V, Burns JK, Dhingra M, et al. Income inequality and depression: a systematic review and meta-analysis of the association and a scoping review of mechanisms. *World Psychiatry* 2018; **17:** 76–89.
7 Inaba A, Thoits PA, Ueno K, et al. Depression in the United States and Japan: gender, marital status, and SES patterns. *Soc Sci Med* 2005; **61:** 2280–92.
8 Back JH, Lee Y. Gender differences in the association between socioeconomic status (SES) and depressive symptoms in older adults. *Arch Gerontol Geriatr* 2011; **52:** e140–44.
9 Doubova SV, Pérez-Cuevas R, Canning D, et al. Access to healthcare and financial risk protection for older adults in Mexico: secondary data analysis of a national survey. *BMJ Open* 2015; **5:** e007877.
10 Mayston R, Lloyd-Sherlock P, Gallardo S, et al. A journey without maps—understanding the costs of caring for dependent older people in Nigeria, China, Mexico and Peru. *PLoS One* 2017; **12:** e0182360.

Self-harm in prisons: what do we know and how can we move forwards?

Research has consistently shown that the prevalence of poor mental health among prisoners is considerably higher than that in the community. Mental health services in prisons cite several other vulnerabilities, such as substance misuse problems and poor physical health, and report high rates of self-harm behaviour.[1] In prisons, little is known about the underlying mechanisms for self-harm behaviour and research on this topic is crucial to understand more about how the problem can be addressed. Louis Favril and colleagues[2] reported on the results of a systematic review and meta-analysis of four databases with the aim of identifying risk factors for self-harm in prison.

The research identified 35 independent studies from 20 countries comprising a total of 663 735 prisoners. Favril and colleagues[2] grouped risk factors into five categories: sociodemographic, criminological, custodial, clinical, and historical. Across the 40 risk factors examined, the strongest associations with self-harm in prison were found for suicide-related antecedents, including current or recent suicidal ideation (odds ratio 13·8, 95% CI 8·6–22·1), lifetime history of suicidal ideation (8·9, 6·1–13·0), and previous self-harm (6·6, 5·3–8·3). Other strong associations included current psychiatric diagnosis and prison-specific environmental risk factors. Sociodemographic and criminological factors were only modestly associated with self-harm in prison. Many of the identified risk factors are similar to those found for self-harm in the general population.[3]

The majority of studies included in the article were case-control studies comparing someone with an incidence of self-harm (a case) to someone with no known history of self-harm behaviour (a control). Only two of the 35 studies were prospective in design. This paucity of prospective studies means that we have sparse research knowledge about how repeat self-harm

Marco Chilese/Unsplash

See **Articles** page 682

behaviour in prison is affected by future life events, and how the risk of self-harm can change with the life course of an individual who might pass in and out of prison on many different occasions.

Contrary to many other research studies, Favril and colleagues[2] did not find a statistical difference in self-harm behaviour between male and female prisoners, although women did have an increased risk of self-harm.[4] Unlike self-harm behaviour in the community, the culture of the prison environment provides exposure to experiences that are unique to being in prison. Some examples of these experiences might include solitary confinement, disciplinary infractions, victimisation, and poor social support. These findings from Favril and colleagues support other research that has focused on the general impact of the prison environment and the effect of this environment on mental health, although the quality of the published evidence in general is variable.[5]

Interventions to target self-harm and improve co-occurring mental health problems (eg, major depression and borderline personality disorder) in prison should look wider than a medicalised perspective and should involve a holistic approach. Innovative, targeted interventions to support and improve the culture, attitudes, and relationships between staff and prisoners would fit well with the current strategy in UK prisons, of which aims to support a rehabilitative culture that seeks change through procedural opportunities, such as the prisons process for behavioural punishments.[6]

Despite the article by Favril and colleagues[2] having many merits, the study noted several limitations. The strength of the risk estimates was likely to be overestimated because the study did not account for confounding factors, and risk factors were only linked to first-episode self-harm behaviour and repetition of self-harm behaviour might present at differing levels of risk factors. This limitation is particularly important because repetition of self-harm behaviour is known to increase the risk of eventual suicide.[7] Studies from low-income and middle-income countries were absent from this article. More global research is needed to understand this topic and enable an examination of self-harm behaviour relating to the cultural and environmental differences across prison systems worldwide.[8] Further research could examine cultural and environmental risk factors in relation to people who either go on to experience suicidal ideation in prison or self-harm in the community. This modelling might untangle how tailored interventions can help to support people who self-harm while in prison in the future.[9]

I declare no competing interests.

Amanda E Perry
amanda.perry@york.ac.uk

Department of Health Sciences, University of York, York YO10 5DD, UK

1 WHO. National suicide prevention strategies: progress, examples and indicators. 2018. https://www.who.int/mental_health/suicide-prevention/national_strategies_2019/en/ (accessed June 19, 2020).
2 Favril L, Yu R, Hawton K, Fazel S. Risk factors for self-harm in prison: a systematic review and meta-analysis. *Lancet Psychiatry* 2020; **7:** 682–91.
3 Turecki G, Brent DA, Gunnell D, et al. Suicide and suicide risk. *Nat Rev Dis Primers* 2019; **5:** 74.
4 Hawton K, Linsell L, Adeniji T, Sariaslan A, Fazel S. Self-harm in prisons in England and Wales: an epidemiological study of prevalence, risk factors, clustering, and subsequent suicide. *Lancet* 2014; **383:** 1147–54.
5 Walker J, Illingworth C, Canning A, et al. Changes in mental state associated with prison environments: a systematic review. *Acta Psychiatr Scand* 2014; **129:** 427–36.
6 Howard FF. Investigating disciplinary adjudications as potential rehabilitative opportunities. 2017. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/661909/investigating-disciplinary-adjudications.pdf (accessed June 19, 2020).
7 Fazel S, Grann M, Kling B, Hawton K. Prison suicide in 12 countries: an ecological study of 861 suicides during 2003-2007. *Soc Psychiatry Psychiatr Epidemiol* 2011; **46:** 191–95.
8 Baranyi G, Scholl C, Fazel S, Patel V, Priebe S, Mundt AP. Severe mental illness and substance use disorders in prisoners in low-income and middle-income countries: a systematic review and meta-analysis of prevalence studies. *Lancet Glob Health* 2019; **7:** e461–71.
9 Borschmann R, Thomas E, Moran P, et al. Self-harm following release from prison: a prospective data linkage study. *Aust N Z J Psychiatry* 2017; **51:** 250–59.

A participatory approach to determining outcome measures in people with depression

This online publication has been corrected. The corrected version first appeared at thelancet.com/psychiatry on October 9, 2020

See **Articles** page 692

Depression is a common mental illness that can affect anyone, and whose treatment can take months or years; it is important to get it right. As treatment continues to move from a paternalistic to a more participatory approach, the voices of those living with depression and their informal carers should be a part of the research process.[1]

With insight into how people living with depression view their condition and successful recovery from depression, research and treatment can be more